

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90984 003 ***150.00

DOCUMENT # P98000067496

1. Entity Name
SHOT GUN EAST, INC.



Principal Place of Business
**1000 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026**

Mailing Address
**1000 NORTH HIATUS ROAD
STE 100
PEMBROKE PINES FL 33026**

11066641



2. Principal Place of Business
1000 North Hiatus Road

3. Mailing Address

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

City & State
Pembroke Pines FL

City & State

Zip
33026

Country

Zip

Country

4. FEI Number **65-0855353**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE SUIT430
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **SDVP** ☐ Delete
NAME **MILLER, ROBERT B**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **PD** ☐ Delete
NAME **MILLER, LEONARD**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, P** ☐ Change ☒ Addition
NAME **ADOLPH BERGER**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **D, VP** ☐ Change ☒ Addition
NAME **HELENE BERGER**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **VP, S** ☐ Change ☒ Addition
NAME **CORRINE MILLER LEA**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **VP, T** ☐ Change ☒ Addition
NAME **LAWRENCE J. COH**
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)